•									
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2006 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$,65,00				Complete If Known					
				plication Number	10/541,1	10/541,115			
				ing Date	Decemb	December 23, 2003			
				st Named Inventor	Jingwu Z	Jingwu Z. Zang			
				aminer Name	Not yet a	Not yet assigned			
				t Unit	Not vet a	Not yet assigned			
				torney Docket No.	05627.0008.PCUS01				
METHOD OF PAYMEN					<u> </u>				
		Aoney Order	None	Other (please id	entify):				
	_	,	1 Hone						
Deposit Account Deposit Account Number: 08-3038 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
			r is nereby						
Charge any a	1 16 and 1 17	or underpayments		Charge fee(s) i	payments			Ž	
WARNING: Information on t	his form may be on on PTO-2038	come public. Credit	card inform	ation should not be inc	luded on this f	orm. Prov	ide credit	card	
FEE CALCULATION			pon filing	or may be subje	ct to a surch	narge.)			
1. BASIC FILING, SEA				T					
·	FILING F		SEARCH		EXAMINA'				
		mall Entity		Small Entity		Small E		Fees Paid (\$)	
Application Type	Fee (\$)	Fee (\$)	Fee (\$) 500	Fee (\$) 250	Fee (\$) 200	<u>Fee</u> 10		rees raid (\$)	
Utility	300	150		50	130	65	_		
Design	200	100	100			80	_		
Plant	200	100	300	150	160 600	30	_		
Reissue	300	150	500	250			_		
Provisional	200	100	0	0	0	0	-	all Entity	
2. EXCESS CLAIM FE	EES					F		Fee (\$)	
Fee Description	Justine Peter					50		25	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							10	100	
Multiple dependent claims							0	180	
Total Claims Extra Claims Fee (\$) Fees Paid (\$)								dent Claims	
- 20 or H		x	_=			Fe	e (\$)	Fee Paid (\$)	
HP = highest number of total	claims paid for, i Extra Cla		Econ	Paid (\$)					
Indep. Claims - 3 or HP		ims ree (a)	=	raid (4)					
HP = highest number of inde		aid for, if greater than	3						
3. APPLICATION SIZ									
If the specification	n and drawin	gs exceed 100 she	ets of par	per (excluding elec	tronically fil	ed seque	ence or c	omputer	
listings under 37	CFR 1.52(e))	, the application s	ize fee du	ie is \$250 (\$125 fo	r small entity) for ea	ch additi	onal 50	
sheets or fraction	thereof. See	35 U.S.C. 41(a)((G) and 	37 CFR 1.16(s).				Fee Paid (\$)	
Total Sheets - 100 =	Extra Sheets	/50=	of each a	dditional 50 or fract nd up to a whole nun	on thereor	Fee (∌ 1	ree Paid (\$)	
								Fee Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late fi								\$65.00	
SUBMITTED BY	Λ								
							Telephon	e (312) 595-140	
Name (Print/Tyne) Dou	id W. Claus	6 PBD		morno//Agenty			Date Ann	il 12 2006	

Name (no. 1991) LOVID W. (LOUGH PTD).

This collection of information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatily is governed by 3 U.S. C. 122 and 37 CFR 1.14. This collection of information is estimated to lake 30 minutes to complete the confidentiatily is governed by 5 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to lake 30 minutes to complete concluding gathering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patients and Trademark Office. U.S. Department of Commence, P.O. Sex 1450, National Viv. 22313-1450. DN OT SEED TESS OR COMPLETE OF THIS OF THE ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, National Viv. 22313-1450.

Months of the Commence of Commence P.O. Box 1450, National Viv. 22313-1450.

If you reed assistance in completing the form, call **Box 1977-09199 and select option 2.

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